

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000028524

1. Entity Name
BELTWIDE, INC.



Principal Place of Business
8870 N HIMES AVE
BOX 353
TAMPA, FL 33614

Mailing Address
8870 N HIMES AVE
BOX 353
TAMPA, FL 33614



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3639722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIGLIANTI, CHARLES G
8639 N.HIMES AVE
#3209
TAMPA, FL 33614

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MIGLIANTI, CHARLES G
STREET ADDRESS 8639 N.HIMES AVE.APT 3209
CITY-ST-ZIP TAMPA, FL 33614

TITLE STD
NAME MIGLIANTI, CARMEN M
STREET ADDRESS 8639 N.HIMES AVE.APT 3209
CITY-ST-ZIP TAMPA, FL 33614

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02/07/07-80007-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen Miglianti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07
Date

(813)931-8884
Daytime Phone